Change to Current Term Class Schedule

CHECK ONE:  
Section Change  From _____ to _____  _____Deletion  _____Increase Class Size From _____ to _____  
_____Room Change Request  _____Addition  _____Decrease Class Size From _____ to _____

REASON FOR ACTION: ____________________________________________________________

________________________

COURSE INFORMATION:

*  
Call Number  Course Prefix and Number  Section No.  *  Term  Year

Course Title  Credit Hours

Time Class Begins  Time Class Ends  Days Class Meets:  M  T  W  TH  F  SA  SU  Room Size  Class Size

Course Requires:  _____Permission of Instructor  Other: __________________________________________

Room Characteristics: ______________________________________________________________

Department Room Assigned:  
Building  Room  Authorized By  Date

Instructor's Name  Instructor's Signature  Date

Department  Phone  Department Chair's Signature  Date

School  Dean's Signature  Date

* Call Number will be assigned by the Registrar's Office for course additions or whenever a change is made in the section.

Room Scheduling: ______________________________________________________________

From:  
Bldg./Room  To:  Bldg./Room  Update STARS  ________________

Update SCH 25  Notice Posted  __________________________________

Registrar's Office  Date

White -- Registrar's Office  Yellow -- Department  Pink -- Dean's Office